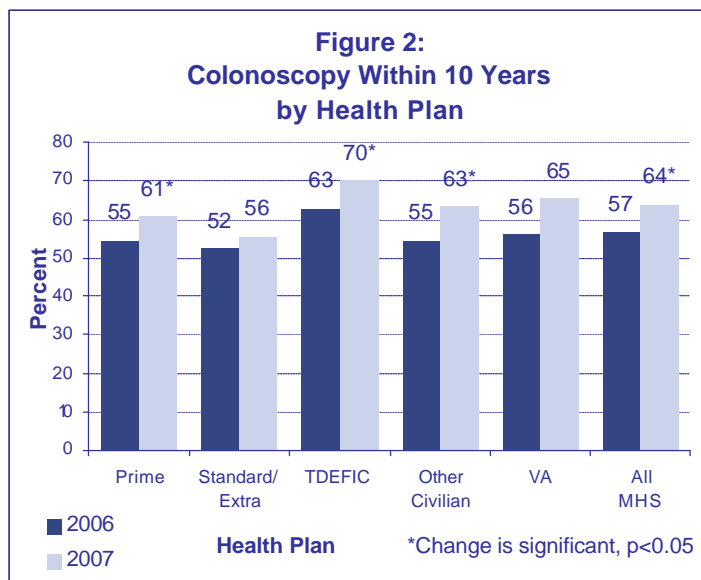


Colorectal cancer is the second leading cancer-related cause of death in the United States. Over 50,000 die each year of colon or rectal cancer.¹ More than half of these deaths may be preventable if regular cancer screening is begun by age 50.² Several different methods of detection are recommended, in order of increasing definitiveness, cost and invasiveness: a fecal occult blood test (FOBT), sigmoidoscopy and colonoscopy.

Cancer screening guidelines from the American Cancer Society (ACS) and U.S. Preventive Services Task Force for men and women age 50 and above are for FOBT each year, sigmoidoscopy every five years or colonoscopy every 10 years.³ In recent years, government and private sector health insurance benefits have been enriched to include all of these options. In 2001, Medicare benefits were extended to include colonoscopies at 10-year intervals. In March, 2006, TRICARE benefits were extended to include colonoscopies every 10 years. TRICARE also covers annual FOBT and sigmoidoscopy every three to five years. Most civilian plans offer similar benefits, and some states have mandated coverage of screening colonoscopies.

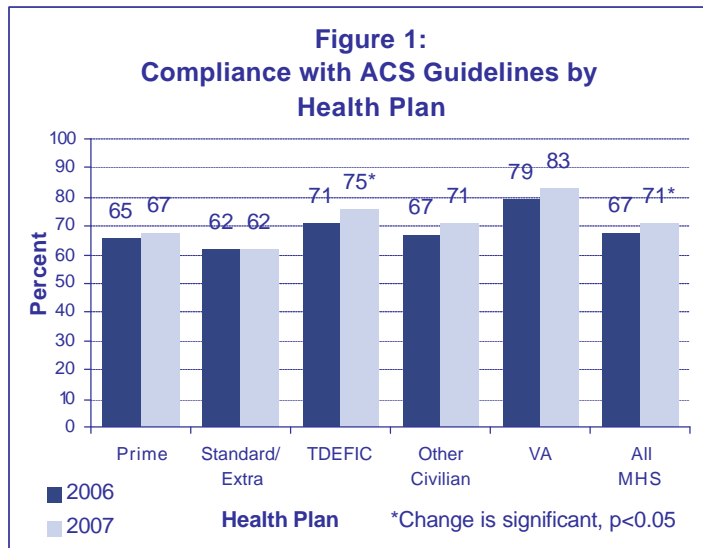
Evidence from the HCSDB fielded in 2006, shortly before colonoscopy benefits were enriched, showed that among TRICARE beneficiaries, those with Medicare (TDEFIC) and those who receive care from Veterans Administration (VA) Providers were most likely to have colorectal cancer screening.⁴ Colonoscopy rates of VA users were



similar to those of other beneficiary groups, and high screening rates were due primarily to higher FOBT and sigmoidoscopy rates for beneficiaries getting care at VA facilities.

Screening Rates Have Increased

Enriched colonoscopy benefits have now been in place more than a year. Evidence from the HCSDB fielded in 2007 indicates that screening rates have increased for TRICARE beneficiaries. Figure 1 shows that, across all health plans, compliance with ACS screening guidelines in 2007 is the same or greater than compliance in 2006. Overall, compliance has risen from 67 percent to 71 percent ($p < 0.05$, not shown).⁵



Screening rates increased among all beneficiaries because of rising colonoscopy rates, as shown in Figure 2. The increase in colonoscopy extends to all TRICARE beneficiaries. Among Prime enrollees, the proportion with colonoscopy in the previous 10 years rose from 55 percent to 61 percent, and among Standard/Extra users, from 53 percent to 56 percent (not significant). However, rates increased significantly for beneficiaries who rely on other civilian insurance (55 percent to 63 percent) and for TDEFIC (63 percent to 70 percent) as well. Overall, the colonoscopy rate has risen from 57 percent to 64 percent (not shown).

Issue Brief: Colorectal Cancer Screening

Colonoscopy rates apparently have increased at the expense of less invasive alternatives, such as FOBT. As shown in Figure 3, the proportion of beneficiaries with FOBT in the past two years has fallen or stayed the same for all health plans. The decrease is greatest for beneficiaries who do not rely on TRICARE. For example, among beneficiaries who get most of their care through civilian health insurance, the FOBT rate fell from 35 percent to 29 percent. Except for VA, all rates are less than the Healthy People 2010 goal of 50 percent.

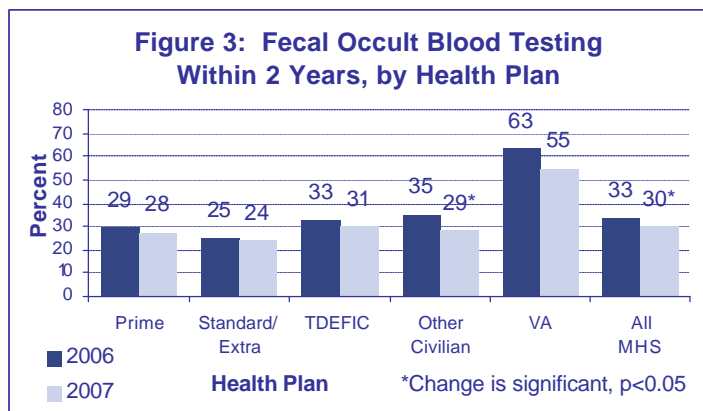


Table 1 shows that increasing compliance with ACS guidelines, rising colonoscopy rates and falling FOBT rates are found at civilian facilities, military facilities and VA facilities as well. For each provider type, the FOBT rate has fallen, while the colonoscopy rate has risen, increasing overall compliance with guidelines. VA users are still significantly more likely than MTF users or users of civilian facilities to be screened for colon cancer, and their higher screening rates are still due to the greater use of less invasive tests such as FOBT and sigmoidoscopy.

Table 1. Screening by Usual Source of Care						
	MTF		Civilian Facility		VA Facility	
	2006	2007	2006	2007	2006	2007
Percent						
ACS Compliant	71	75	68	72*	80	83
FOBT within 1 year	19	16	17	15*	44	35
Sigmoidoscopy within 5 years	31	27	27	25	45	41
Colonoscopy within 10 years	59	67*	59	66*	57	66

*Change is significant, p<0.05

Results in Table 2 show active duty screening rates have risen substantially, though active duty make up only a small part of the population age 50 and over. Their compliance with ACS guidelines has risen from 54 percent to 71 percent. The increase is due primarily to

Table 2. Screening by Beneficiary Category

	ACS Compliant		FOBT within 2 years		Colonoscopy within 10 years	
	2006	2007	2006	2007	2006	2007
Percent						
Active Duty	53	71*	24	29	42	64*
Active Duty Family Members	50	56	22	19	44	51
Retirees Under Age 65	65	68	33	29*	54	60*
Retirees Over Age 65	69	74*	34	31	60	68*

*Change is significant, p<0.05

colonoscopy, which has risen from 42 percent to 64 percent. However, unlike other groups, there is no evidence that active duty FOBT rates are falling.

Conclusion

Results from the HCSDB show that overall compliance with guidelines for colon cancer screening has improved among TRICARE beneficiaries in the past year due to an increase in colonoscopy. This shift has occurred across health plans, beneficiary groups and usual sources of care.

The change may be due in part to the expansion of the TRICARE colonoscopy benefit. However, the shift is greatest for Medicare enrollees and those who rely on other non-TRICARE coverage. Active duty screening rates have risen faster than rates of other beneficiary groups, suggesting that promotion of screening among active duty personnel has also played a role. VA users are most compliant due to their greater use of FOBT, suggesting that promoting FOBT in addition to colonoscopy may result in more patients screened and more lives saved.

Sources

¹ Centers for Disease Control and Prevention. Increased Use of Colorectal Cancer Tests-United States, 2002 and 2004. MMWR 2006; 55: 308-311.

² Centers for Disease Control and Prevention. Notice to Readers: National Colorectal Cancer Awareness Month-March 2005. MMWR 2005; 54: 254-255.

³ A high contrast barium enema every 5 years is a fourth option. http://www.cancer.org/docroot/CRI/content/CRI_2_4_3X_Can_colon_and_rectum_cancer_be_found_early.asp.

⁴ Colon Cancer Screening: HCSDB Issue Brief, May, 2006.

⁵ These rates are not age adjusted, however all rates in this report were compared to age adjusted rates and no substantial changes were observed.